

Foster Family Home - Corrective Action Report

Provider ID: 1-120003

Home Name: Adoracion Castillo, CNA

Review ID: 1-120003-8

94-665 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/17/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH made on 10/17/19.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RC

Compliance Manager

weir

Primary Care Giver

10/17/19

Date

10-17-19

Date